FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2015 AUG -5 AH 11: 55 Office Use Only

1.	NAME OF		
	COMMITTEE	(in	full

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

A.R.K.A.N.S.A.S. IRI	<u> </u>	E AISISIOIC	i i alti loim	1 1 1 1 1 1	
			<u> </u>		
ADDRESS (number and street)	1 4 5 EA	ST Bluf	FI DIRIIVI	<u>E</u>	
Check if different than previously reported. (ACC)	Ouitman	<u> </u>	1	A R 7 2 1	<u> </u>
2. FEC IDENTIFICATION N		CITY ▲		STATE ▲	ZIP CODE ▲
C 0,0,5,7,4,4,	5.9	3. IS THIS REPORT	NEW (N) OR	AMENDED (A))
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5		Year Only)
(a) Quarterly Reports: April 15 Quarterly Report (C) Quarterly Report (PRE-Elec Report fo Q3) YE) (d) 30-Day POST-Ele	ection Election on Ger	Jul 20 (M7) nary (12P) nvention (12C) neral (30G)	General (12G) Special (12S) Runoff (30R)	Year Only)
5. Covering Period			through o	30 20	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
I certify that I have examined to Type or Print Name of Treasure	<u> </u>	best of my knowled	dge and belief it is t	true, correct and comp	lete.
Signature of Treasurer	Pare M	_		Date 0.7	2.8 2.01.5
NOTE: Submission of false, error	neous, or incomplete in	formation may subject	ct the person signing	this Report to the pena	Ities of 52 U.S.C. § 30109.
Office Use				FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Re	Port Covering the Period: From:	ate Association	06/30/2015
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2 0 1 5		
	(b) Cash on Hand at Beginning of Reporting Period	0.0	
	(c) Total Receipts (from Line 19)	1,0,5,0,0,0	
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11,050.0.0	
7.	Total Disbursements (from Line 31)		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1,1,0,5,0,00	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	٥٥	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.0	
	This committee has qualified as a multion	candidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Arkansas Red S	tate Association	
[N	93 / 19 / Zols	DE 130 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	1,1,0,5,0,00	1,1,0,5,0,0,0
(ii) Unitemized(iii) TOTAL (add	0.0	00
Lines 11(a)(i) and (ii)▶		00
(b) Political Party Committees(c) Other Political Committees	0.0	0.0
(such as PACs)(d) Total Contributions (add Lines	00	
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other		1,1,0,5,0.0,0
Party Committees		
13. All Loans Received	L. r. r. e.o	
14. Loan Repayments Received15. Offsets To Operating Expenditures		0.0
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		0.0
to Federal Candidates and Other Political Committees	0.0	0.0
(Dividends, Interest, etc.)	ds	0,0
(a) Non-Federal Account (from Schedule H3)	0.0	0.0
(b) Levin Funds (from Schedule H5)	0.0	
(c) Total Transfers (add 18(a) and 18(b))	0.0	
40. Total Descints (add Lines 44/4)		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	1,050.00	11,0,5,0,0,0
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.0	0.0

TOTAL OCO - OCO - OCO - STOCK

FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total IIIS FEIIOU	Calendar Teal-to-Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures	1	
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶		
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees		
24	Independent Expenditures		
25.	(use Schedule E)		
26.	Loan Repayments Made		
20.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees		
	(h) Political Borty Committees		
	(b) Political Party Committees		
	(such as PACs)		
	(Such as 1 Acs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		
29.	Other Disbursements	0.00	
30.	Federal Election Activity (52 U.S.C. § 30101)	(20))	
	(a) Allocated Federal Election Activity	, ,,	
	(from Schedule H6)		
	(i) Federal Share	0.0	
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds		
	(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶		00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)		0.0

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) .

Page 5

III.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. 1	Total Contributions (other than loans)		
(from Line 11(d), page 3)	11,050.00	1,0,50,0,0
34. 1	Total Contribution Refunds		
(from Line 28(d))		
35. N	Net Contributions (other than loans)		
(subtract Line 34 from Line 33)		1,0,5,0,0,0
36 . 7	Total Federal Operating Expenditures		
((add Line 21(a)(i) and Line 21(b)) ▶	العروبيين	
37. (Offsets to Operating Expenditures		
((from Line 15, page 3)	00	
38. 1	Net Operating Expenditures		
((subtract Line 37 from Line 36)		

SCHEDULE A	(FEC Form 3X)
ITEMIZED RE	CEIPTS

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE / OF 7
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Arkansas Ned State	Association	
Full Name (Last, First, Middle Initial) A. Bridges, Allen		Date of Receipt
Mailing Address	-	المحمد العدوا المحمد المحمد المعدد
<u> </u>	Zip Code	01 28 2015
Heber Springs Arkansas	72543	Amount of Each Receipt this Period
FEC ID number of contributing	2574466	
	05.7445.9	1,5,0,0,0,0
Name of Employer Occupation	1	
Retired Receipt For: Aggregate	Year-to-Date ▼	-
Primary General		
Other (specify) ▼		
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	
B. Bridges Vicki L. Mailing Address		Date of Receipt
1.0. Bax 958	-	0,1 2,8 2,61,5
City State Heber Springs Arkansa	Zip Code	America (Fig. 1)
Heler Springs Arkansa FEC ID number of contributing	72543	Amount of Each Receipt this Period
federal political committee.	0,5,7,4,4,5,9	
Name of Employer Occupation	n	7
Receipt For: Aggregate	Year-to-Date ▼	-
Primary General		
Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Dixの人 パット・ナ		Date of Receipt
Mailing Address		2 / 6 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7 / 7
1416 Riviera Cove City State	Zip Code	
Heber Springs Ackansa	5 72543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0.5.7.4.4.5.9	
Name of Employer Occupation	n	-
retired Receipt For:		_
Primary General Aggregate	Year-to-Date ▼	
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)		5.0.0.0.0
TOTAL This Period (last page this line number only)	······	

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 2_ OF 7
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Stateme		
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political committee	to solicit contributions from such committee.
\	1 00	•
Hrkansas Red State A	TUDOCIATION	
Full Name (Last, First, Middle Initial) A. Girof C. J. J.		Date of Receipt
Mailing Address		03102015
1250 SAWMIN ROAL . St.	ate Zip Code	10215
	1545 72131	Amount of Each Receipt this Period
EEC ID number of contributing	00574459	,500.00
Name of Employer Occu	upation	-
Retired	···	
	regate Year-to-Date ▼	
Other (specify)	androne significant expension of the second	
	The state of the s	
Full Name (Last, First, Middle Initial) B. Harris Raymond Wesley		Date of Receipt
Mailing Address		ы м / D D / Y Y Y
812 Ausley Drive	ata Zin Co-do	0.5 15 5012
City . St	ate Zip Code	Amount of Each Receipt this Period
FFO ID when of containing	00574459	Section of Each Receipt this relied
	upation	
Receipt For:		_
Primary General Agg	regate Year-to-Date ▼	
Other (specify) ▼		
Full Name (Last, First, Middle Initial)		
C. Jackson, Elizabeth Han		Date of Receipt
Mailing Address		M - M - / TOTE O T / TVT Y Y
513 Bay View Place	ate Zip Code	03 02 2015
	1115AS 72543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	00574459	,500,00
	upation	
retired		
Receipt For: Agg	regate Year-to-Date ▼	
Other (specify)		
	The second secon	
SUBTOTAL of Receipts This Page (optional)	1	, 1,500.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 3 OF 7
TEMIZED RECEIPTS	for each category of the	(check only one)
	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		
Arkansas New State Ass	ociation	•
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address	·	Minimit / Tip to / Will Yill Yill Yill
P.O. Box 780	· · · · · · · · · · · · · · · · · · ·	02 25 2015
City State Heber Springs Arkar	Zip Code 11A5 72543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0574459	,5.00.00
Name of Employer Occupat	ion	1
Receipt For:		4
Primary General Aggrega	ate Year-to-Date ▼	
Other (specify) ▼	3 - Composite to the contract of the contract	
Full Name (Last, First, Middle Initial)		2. (2.)
Mailing Address		Date of Receipt
P.o. Box 181		02 23 2015
City State Wilburn Arkanse	Zip Code 45 72 17 9	
FCO ID - when of academy is		Amount of Each Receipt this Period
federal political committee.	0574459	500.00
Name of Employer Occupat	tion	┪
Bossint For:	ctioneer	_
Receipt For: Aggregation Primary General	ate Year-to-Date ▼	
Other (specify) ▼	5 3	
Full Name (Lost First Middle Initial)		
Full Name (Last, First, Middle Initial) C. Phelps, Sandra F.		Date of Receipt
Mailing Address		ia M. / D. p. / V. V. V
City State	Zip Code	02 06 2015
Heber Springs Arkansa	5 72543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0.0.574459	1500 <u>***</u>
Name of Employer Occupa	tion	1
Refired Receipt For:		4
Aggrega	ate Year-to-Date ▼	
Other (specify) ▼	ing the state of t	
<u> </u>		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1,500.00
TOTAL This Period (last page this line number only)		and the state of t

SCHEDULE A (FEC FORM 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 4 OF 7
TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
	Detailed Suffiniary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
	Association	·
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
P.O. BOX 1242		0 2 11 301 5
City Heler Springs	State Zip Code KANSAS 72543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0 0 5 7 4 4 5 9	7.5.0 0.0.0
Name of Employer Retired	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	en e	
Full Name (Last, First, Middle Initial)		
B. Roberts Paul C.		Date of Receipt
Mailing Address 145 CASH Bluff Drive		03182015
City	State Zip Code	
Quitman A	rkansas 72171	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0 0 5 7 4 4 5 9	500,00
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General		
Other (specify)	in the state of t	
Full Name (Last, First, Middle Initial) C. SAMEL DACA G.		Date of Receipt
Mailing Address		, M - M - / D - D - / Y Y Y
City Road	State Zip Code	0 2 2 6 70 15
	rkansas 72547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 0 0 5 7 44 5 9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name of Employer	Occupation Pound and	
Receipt For:	Economic Developer Aggregate Year-to-Date ▼	-
Primary General	Aggregate real-to-bate •	
Other (specify) ▼	, e. y	
SUBTOTAL of Receipts This Page (optional)		1,500.00
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TOTAL This Period (last page this line number	only)	 Operation of the second section of the second second

SCHEDULE A	A (FEC	Form 3	X)
ITEMIZED RI	ECEIPTS	;	

SCHEDOLE A (LECTORIII SA)	(check only one)	
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	Johanna Garianary Fage	13 14 15 16 17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
Arkansas Red State Associ	ation	· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial)		Date of Receipt
A. Smith Drew E. Mailing Address		M M T / TO TO / TY Y Y
P.O. Box 1437		03 07 2015
City State Heber Springs Arkania	Zip Code 725#3	Amount of Each Receipt this Period
EEC ID number of contributing	0574459	5.00.00
Name of Employer Occupation	enployed	
Receipt For: Aggregat	e Year-to-Date ▼	7
Primary General Other (specify) ▼	e e e production de la company	
Contact (aboutly)	5	
Full Name (Last, First, Middle Initial)		
B. Smith Gerald P.		Date of Receipt
Mailing Address Sox Fox Run Road		0.2 24 2015
City State	Zip Code	
Heber Springs Arkansa	15 72543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	0574459	,500,00
Name of Employer Occupati	on	
Desaiet For:	te Year-to-Date ▼	\dashv
Primary General		
Other (specify) ▼	5	
Full Name (Last, First, Middle Initial) C. Unton, Nichard		Date of Receipt
Mailing Address	· · · · · · · · · · · · · · · · · · ·	M M / N / S D T D T / W V V V
1.0. Box 6000	7:a Coda	02 05 2015
City State Heber Springs Arkans	Zip Code 43 72543	Amount of Each Receipt this Period
EEC ID number of contributing	0574459	,500.00
Name of Employer Occupati	on	-
	orate executive	
	te Year-to-Date ▼	
Other (specify) ▼		
	Santa Caranta Santa Caranta Ca Caranta Caranta Carant	
SUBTOTAL of Receipts This Page (optional)		, 1,500.00
TOTAL This Deviced float near this line surely at 1		
TOTAL This Period (last page this line number only)	······	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 7 (check only one)
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		
NAME OF COMMITTEE (IN FUIL) Arkansas Red State As	sociation	•
Full Name (Last, First, Middle Initial) A. Zwber, Panela		Date of Receipt
Mailing Address 720 Circle Drive	State Zip Code	M M / D D / V V V V V
	SANJAS 72543	Amount of Each Receipt this Period
	00574459	, 500,00
	cupation eal Estate Sales	
Receipt For: Primary General Other (**)	gregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) 3. Lee, Lowis		Date of Receipt
Mailing Address		02 25 2015
Heler Springs Ack	State Zip Code SACSAS 72547	Amount of Each Receipt this Period
	000574459	50.00
Retired	cupation	
Receipt For: Primary General Other (specify) ▼	ggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) C. Langston, Lloyd M.D.		Date of Receipt
Mailing Address 220 LAKE LAGE City	State Zip Code	06 29 2015
	Ansas 72547	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	00574459	, , 500.00
	ocupation Medical Doctor	
Possint For:	ggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, 1050.00
TOTAL This Period (last page this line number only)	

SCHEDUL	EA	(FEC	Form	3X)
ITEMIZED	REC	EIPTS	;	

SCHEDULE A (FEC Form 3X	Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 OF 7	
TEMIZED RECEIPTS	for each category of the	(check only one)	
·	Detailed Summary Page	13 14 15 16 17	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may not be sold or used by any potential the name and address of any political committee	erson for the purpose of soliciting contributions eto solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)			
Arkmsas Net State	2 Association	•	
Full Name (Last, First, Middle Initial) A. WATSON, Rodney L.		Date of Receipt	
Mailing Address	·	M M / D D / V V V V V V V V V V V V V V V V	
1360 PlantAtion DR.	State Zip Code	_ 05 06 2015	
Heber Springs	Arkansas 72547	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	Coo574459	5.00.00	
Name of Employer	Occupation		
Self employed Receipt For:		_	
Primary General	Aggregate Year-to-Date ▼		
Other (specify) ▼	1 - 29 - 29 - 30 - 30 - 30 - 30 - 30 - 30 - 30 - 3		
Full Name (Last, First, Middle Initial)		Date of Receipt	
Mailing Address		TA M / D D Y Y Y Y Y	
City	State Zip Code		
	State Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing	С	mander de la company de la	
federal political committee.		Comments of the second section of	
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼			
	1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Full Name (Last, First, Middle Initial) C.		Date of Receipt	
Mailing Address		in mil / pill p / Wil V V v	
City	State Zip Code	e este in the second of the second of	
		Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	The second of th	
Name of Employer	Occupation	The second secon	
Traine of Employer	Coodpanon		
Receipt For:	Aggregate Year-to-Date ▼		
Primary General Other (specify) ▼	A STATE OF WARD AND THE STATE OF	. }	
	. 5		
SUBTOTAL of Receipts This Page (optiona	l)	500,00	
		, 11,050.00	
TOTAL This Period (last page this line num	▶ 1 2.2 , 1 1, 0.5 0.0 0.0		

SCHEDULE C (FEC Form 3X) **LOANS**

Use separate schedule(s)	PAGE	j OF	1
for each category of the Detailed Summary Page	FOR LI	NE 13 OF F	FORM 3X

	Detailed Summary Page FOR LINE 13 OF FORM 3X
AME OF COMMITTEE (In Full)	
Arkansas Red State Associa	
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
No LOANS	Primary General
Mailing Address	Other (specify) ▼
City State ZIP	Code
Original Amount of Loan Cumulative Payment	To Date Balance Outstanding at Close of This Period
Date Incurred Date D	ue Interest Rate Secured:
	% (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
	harman and a second
SUBTOTALS This Period This Page (optional)	<u> </u>
FOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3, Schedule D, for this line	. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page 2 of Schedule C

Page 2 of Schedule C Federal Election Commission, Washington, D.C. 20463 NAME OF COMMITTEE (In Full) **FEC IDENTIFICATION NUMBER** Arkansas Red State Association **LENDING INSTITUTION (LENDER)** Amount of Loan Interest Rate (APR) Full Name LOANS **@** Mailing Address Date Incurred or Established City State Zip Code Date Due A. Has loan been restructured? If yes, date originally incurred B. If line of credit, Total Outstanding Amount of this Draw: Balance: C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C.) What is the value of this collateral? D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? Yes If yes, specify: Does the lender have a perfected security interest in it? No E. Are any future contributions or future receipts of interest income, pledged as What is the estimated value? collateral for the loan? No Yes If yes, specify: Location of account: A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Address: Date account established: M_A_W_ \ __D_A_D, City, State, Zip: If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. G. COMMITTEE TREASURER DATE Typed Name Signature Attach a signed copy of the loan agreement. TO BE SIGNED BY THE LENDING INSTITUTION: To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. AUTHORIZED REPRESENTATIVE DATE Typed Name

Title

Signature

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE OF / FOR LINE NUMBER: (check only one)

cluding Loans	numbered line	10	
IAME OF COMMITTEE (In Full)	<u></u>		
Arkansas Red State	Association		
A. Full Name (Last, First, Middle Initial) of Debtor	Nature o	of Debt (Purpose):	
No De			
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period		•	
Amount Incurred This Period	Payment This Period		anding Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor of	or Creditor	Nature	of Debt (Purpose):
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		anding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature	of Debt (Purpose):
			. • •
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period		anding Balance at Close of This Period
1) SUBTOTALS This Period This Page (optional)		▶	
2) TOTALS This Period (last page this line number of	only)	>	
3) TOTAL OUTSTANDING LOANS from Schedule C	TOTAL OUTSTANDING LOANS from Schedule C (last page only)		
ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶			0.0

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Arkansas Red State Associa	tion
Check if 24-hour report 48-hour report New report	Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
No Expenditures	MAM / PAG / SAGASA
Mailing Address	Amount
City State Zip Co	de
	Date of Disbursement or Obligation
Purpose of Expenditure Cate	
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Co	
City State Zip Co	
Purpose of Expenditure Coto	Date of Disbursement or Obligation
Cale	Type
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······
(b) CURTOTAL of Uniterprod Independent Expenditures	
(b) SUBTOTAL of Uniternized Independent Expenditures	
(c) TOTAL Independent Expenditures	·
Under penalty of perjury I certify that the independent expenditures reports with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.	
	<u> </u>
Signature	Date

PAGE

OF /

SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)

BEHALF OF CANDIDATES FOR FEDERAL OFFICE				
(To be used on	ly by Political Committees in the Ge	neral Election)	FOR LINE 25 OF FORM 3X	
NAME OF COMMITTEE (IN FUII) Arkansas Red State	Association		Check if 24-hour notice	
Has your committee been designated to make coordinated expenditures by a political party committee?	Full Name of Subordinate Committe	<u></u>		
f YES, name the designating committee:	Mailing Address			
No Expenditures	City	State	e ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payer	3	Purpose of Expe	nditure Category/	
Mailing Address		Date	Туре	
City Star	te Zip Code		/ / / / / / / / / / / / / / / / / / / /	
Name of Federal Candidate Supported Office Sou	ght: House State: District: Presidential	Amount	V	
Aggregate General Election Expenditure for this Candidate				
Full Name (Last, First, Middle Initial) of Each Payer	9	Purpose of Expe	Category/	
Mailing Address		Date	Туре	
City Sta			, <u>********</u>	
Name of Federal Candidate Supported Office Sou	ught: House State: Senate District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ▶	A-A-98-A-4-678-A-	(
Full Name (Last, First, Middle Initial) of Each Payer	е	Purpose of Expe	Category/	
Mailing Address		Date	Туре	
City Sta	<u> </u>		, ,	
Name of Federal Candidate Supported Office Sol	ught: House State: District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ▶				
SUBTOTAL of Expenditures This Page (optional) TOTAL This Period (last page this line number only)			0.0 0.0	

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)					
Arkansas Red State Association					
USE ONLY ONE SECTION, A or B					
A. State and Local Party Committees Fixed Percentage (select one) —— Presidential-Only Election Year (28% Federal) —— Presidential and Senate Election Year (36% Federal) —— Senate-Only Election Year (21% Federal) —— Non-Presidential and Non-Senate Election Year (15% Federal)					
Ton't residential and Non Centale Election real (15% reactar)					
B. Separate Segregated Funds and Nonconnected Committees					
B. Separate Segregated Funds and Nonconnected Committees					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below					
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check or If the committee is spending more than 50% federal funds, indicate ratio below Federal					

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) Arkansas Red State Association RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTIVITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER NONFEDERAL %** FEDERAL % **ACTIVITY IS:** Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Direct Candidate Support Fundraising CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: Revised New Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % NONFEDERAL % ACTIVITY IS: Fundraising Direct Candidate Support CHECK IF THE RATIO IS: New Revised Same as Previously Reported

ACTIVITY OR EVENT IDENTIFIER

Revised

Direct Candidate Support

Same as Previously Reported

Fundraising

CHECK IF THE RATIO IS: New

ACTIVITY IS:

FEDERAL %

NONFEDERAL %

JOHN: DO: OM: DOOH! COL

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE		0	F		
	1		1		
FOR	LINE	18a	OF	FORM	зх

NAME OF COMMITTEE (In Full)					
AAKANSAS Red State Association					
NAME	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
BREA	AKDOWN OF TRANSFER RECEIVED				
0	Total Administrative				
ii)	Generic Voter Drive				
iii)	Exempt Activities				
iv)	Direct Fundraising (List Activity or Event Ide	ntifier)			
			 -51		
	a)				
	b)				
	c) Total Amount Transferred For Direct Fundra	aising			
(v)	Direct Candidate Support (List Activity or Ev	vent Identifier)			
	a)				
ľ			—— ──		
ł	b)				
	c) Total Amount Transferred For Direct Candi	date Support			
	,				
vi)	Public Communications Referring Only to	Party (Made by PAC)			
	TOTALS FO	OR BREAKDOWN OF TRANSFER RECEIV	ED		
TOTAL	This Period (Administrative)				
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
TOTAL	This Period (Generic Voter Drive)				
TOTAL	This Period (Exempt Activities)				
TOTAL	This Period (Direct Fundraising)				
			¥		
TOTAL	This Period (Direct Candidate Support)				
TOTAL	This Period (Public Communications Referring	Only to Party)			
TOTAL	This Period (Total Amount Transferred)		00		

### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE		Q	F		
	<b>/</b>		j		
FOR	LINE	21a	OF	FORM	3X

ΝA	ME OF COMMITTEE (In Full) Arkansas Red Stat	e As	sociatio	0	
<b>A</b> .	Full Name (Last, First, Middle Initial)	- /1/2		· · · · · · · · · · · · · · · · · · ·	Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address	<del></del>	<del>-</del>		Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date / TOTAL /
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			<u> </u>	~_^	
<b>B</b> .	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
	Mailing Address		···-		Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:				
				Category/ Type	Date Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
C.	Full Name (Last, First, Middle Initial)		-		Allocated Activity or Event:  Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code	·	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:			لسا	
				Category/ Type	Date / Date
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
				**************************************	
 s	UBTOTAL of Allocated Federal and NonFederal	Activity This	Page		· · · · · · · · · · · · · · · · · · ·
	FEDERAL SHARE	+	NONFEDERAL		= TOTAL AMOUNT
.پ	OTAL This Region (lest page for each line artis)	Fodors! at a		Liber Terlevel of	
T	OTAL This Period (last page for each line only)(FEDERAL SHARE		NONFEDERAL	SHARE	TOTAL AMOUNT
					0.0

### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE OF FORM 3X

NAME OF COMMITTEE (In Fuli)					
Arkansas Red State Association					
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
N/A D'CT'					
BREAKDOWN OF THIS TRANSFER					
i) Voter Registration VOTER REGISTRA	TION				
Total Amount Transferred for Voter Registration	السيميي				
	TER ID				
ii) Voter ID  Total Amount Transferred for Voter ID					
Total Amount Transiened for Voter 15					
iii) GOTV	GOTV				
Total Amount Transferred for GOTV					
iv) Conovia Compaign Activity	GENERIC CAMPAIGN ACTIVITY				
iv) Generic Campaign Activity  Total Amount Transferred for Generic Campaign Activity					
NAME OF ACCOUNT DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
Langual, Level, Languar					
BREAKDOWN OF THIS TRANSFER					
i) Voter Registration VOTER REGISTRA	ATION				
Total Amount Transferred for Voter Registration					
VO	DTER ID				
ii) Voter ID  Total Amount Transferred for Voter ID					
Total Amount Transierred for Voter ID					
iii) GOTV	GOTV				
Total Amount Transferred for GOTV	7-1-1-7-1-1-1-1				
in) Committee Committee	GENERIC CAMPAIGN ACTIVITY				
iv) Generic Campaign Activity  Total Amount Transferred for Generic Campaign Activity					
TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)					
TOTAL This Period (Voter Registration)					
TOTAL This Period (Voter ID)					
TOTAL This Period (GOTV)					
TOTAL This Period (Generic Campaign Activity)					
TOTAL This Period (Total Amount of Transfers Received)					

### SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	1	OF	1	
FOR LIN	F 30	a OF 6	ORM	3X

AME OF COMMITTEE (In Full)					
Arkansas Red State Association					
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:				
N/A	Voter Registration GOTV Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code					
Purpose of Disbursement Category/	Date Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code					
Purpose of Disbursement Category/ Type	Date Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event:  Voter Registration GOTV  Voter ID Generic Campaign				
Mailing Address	Allocated Activity or Event Year-To-Date				
City State Zip Code					
Purpose of Disbursement Category/	Date Date				
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT				
Lenense Lenense	00				
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to FEDERAL SHARE	30(a)(ii)) TOTAL AMOUNT				
LEVIN SHARE	0.0				
TOTAL This Period for the Levin Share					

### SCHEDULE L (FEC Form 3X)

### **AGGREGATION PAGE: LEVIN FUNDS**

NAME	NAME OF COMMITTEE (In Full)					
Arkansas Red State Association						
NAME OF ACCOUNT						
	10///	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE			
1.	RECEIPTS FROM PERSONS					
	(a) Itemized(Use Schedule L-A)					
	(b) Unitemized					
	(c) Total					
	(-)					
2.	OTHER RECEIPTS					
3.	TOTAL RECEIPTS		0.0			
	(Add Lines 1c and 2)					
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)					
	(a) Voter Registration					
	(b) Voter ID					
	• •					
	(c) GOTV					
	(d) Generic Campaign					
	(e) Total					
	(6) 1612					
5.	OTHER DISBURSEMENTS					
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		00			
7.	(for Column B, use cash as of January 1st)					
•	DECEMPTO					
8.	RECEIPTS(from Line 3)					
9.	SUBTOTAL					
	(Add Lines 7 and 8)					
10.	DISBURSEMENTS					
	(From Line 6)					
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)		0.0			
	(					

### SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the

FOR LINE NUMBER: 1a

PAGE

OF

2 Aggregation Page (check only one) Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Red State Association Date of Receipt Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt В. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt C. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation Full Name (Last, First, Middle Initial) / Full Organization Name Date of Receipt D. Mailing Address Amount of Each Receipt this Period City State Zip Code Name of Employer or Principal Place of Business Aggregate Year-to-Date Occupation SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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### SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)

FOR LINE NUMB	ER:	PAG	E		OF		
(check only one)	$\overline{}$			ı		٦.	
	Ш	4a	L	4c		5	
		4h		44			

OF LEVIN FUNDS	for each category of the Aggregation Page	4a 4c 5 4b 4d
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)		
/ Arkansas Red Stat		
Full Name (Last, First, Middle Initial) / Full Organization A.	Name	Date of Disbursement
A11A		Mary / Lozol / Lasarad
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	Name	
В.		Date of Disbursement
Mailing Address		Mama , Loron , Lorona ,
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	Name	B. (B)
C.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	Name	Date of Dishurances
D.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Full Name (Last, First, Middle Initial) / Full Organization	Name	
E.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
SUBTOTAL of Disbursements This Page (optional)	•	
TOTAL This Period (last page this line number only)		0.0

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

2015 AUG -5 AH 11:55

### **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

PREPARER

DATE PREPARED

(3/2015)